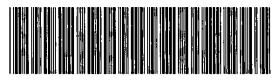
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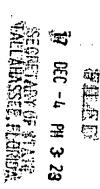
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer: Corrected registered agent name from business name to Onelia Codnington with permission							

Office Use Only



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BF 12/6/17



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 7, 2017

ONELIA CODRINGTON 4094 MAJESTIC LANE #303 FAIRFAX, VA 22033 US

SUBJECT: PERFORMANCE VALUE MANAGEMENT (PVM), LLC

Ref. Number: W17000089173

We have received your document for PERFORMANCE VALUE MANAGEMENT (PVM), LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 417A00022530

COVER LETTER

то:	Registration Sec Division of Corp		, S						
SUBJE	Performance		Management (PVM), LLC						
SUBSE			Name of	f Limited Liability (Company				
						nsact Business in Florida," C company to transact busines			
Please	return all correspor	ndence co	oncerning this matter to the	e following:					
	Onelia	Codringt	on						
			1	Name of Person					
	Perform	Performance Value Management							
	· · · · · ·	Firm/Company							
	4094 M	4094 Majestic Lane #303							
	Address								
	Fairfax	Fairfax, VA 22033							
	City/State and Zip Code								
	onelia@j	pvmllc.co	om						
			E-mail address: (to be use	ed for future annual	report not	ification)			
For fur	ther information co	oncerning	this matter, please call:						
Onelia Codrington			703 at (896 796					
		Name of	Contact Person	Area Code	Day	time Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
Enclose	ed is a check for th		ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy		□ \$160.00 Filing Fee, Cert of Status & Certified Copy			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Performance Value Ma (Name of Foreign	nagement (PVM), LLC Limited Liability Company; must include "Limited	l Liabilit	y Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The a	Iternate name must include "Limited Liah	uility Company " "L.L.C." or "LLC.")
St. 1 ST. 1 :	and adopted to the purpose of damaging business at the		84-1724184	may company, mane, or more,
	hich foreign limited liability company is organized)	3.		er, if applicable)
4. 10/01/2017				
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	egistration e penalty	ı) liability)	
5. UCF Incubator 3259 I		6.	4094 Majestic Lane #303	
Orlando, FL 34787	-nncipal Office)		(Mailing Addre Fairfax, VA 22033	ess)
	ss of Florida registered agent: (P.O. Box		acceptable)	平 -4 PH -5SEE, FI
Name:	Onelia Codrington	·		ω
Office Address:	3259 Progress Drive			23
	Orlando		, Florida 34787	•
Registered agent's accep	(City)		(Zip code	2)
to comply with the provisi	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	and co		
((Registered agent's s	ignaeurc)		
8. The name, title or capa Title or Capacity:	acity and address of the person(s) who ha Name and Address:		authority to manage is/are: itle or Capacity:	Name and Address:
Principal/Owner	Onelia Codrington			
•	4094 Majestic Ln #303 Fairfax, VA 22033	- 		
		- -		
(Use attachments if neces	sary)			
jurisdiction under the law of the translator must be so 10. This document is exec	of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted) uted in accordance with section 605.0203 of the Department of State constitutes a the	is in a	foreign language, a translati	ion of the certificate under oath e that any false information
	Signature Onelia O		prized person	***************************************

Typed or printed name of signee

Common brealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That PERFORMANCE VALUE MANAGEMENT (PVM) LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is December 15, 2006; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: October 30, 2017

Clerk of the Commission

CISECOM

Document Control Number: 1710306627